

## Mentoring Program

# Annual Mentoring Evaluation Form

### Mentee Evaluating the Mentor

DIRECTIONS: This 2 part evaluation reviews mentors and should be completed by the mentee. When you have completed each section discuss highlights with your mentoring partner, and give a copy to Liz Barton, Mentoring Program Manager at NIH, [liz.barton@nih.gov](mailto:liz.barton@nih.gov).

#### Part 1: Survey

Directions: Click one selection box  per question which best describes your opinion regarding your Mentor.

| N/A | YES                      | NO                       | MAYBE                    | DON'T KNOW               | MENTORING CRITERIA                                                                                                                          |
|-----|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| 1.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Was your mentor <i>easy to approach</i> and talk with?                                                                                      |
| 2.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Did/does your mentor offer advice and encouragement from you with respect to your goals and objectives?                                     |
| 3.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Did/do the two of you meet regularly?                                                                                                       |
| 4.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Did/do you receive regular feedback?                                                                                                        |
| 5.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Did your mentor review your IDP?                                                                                                            |
| 6.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Did your mentor involve you in networking, or suggest professional organizations to help build competency in the objectives you identified? |
| 7.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Did your mentor solicit your thoughts and opinions when making suggestions or recommendations?                                              |
| 8.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Did your mentor help you identify tangible steps to meet your goals and objectives?                                                         |
| 9.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Did your mentor connect you to other professionals who could "fill in the gaps" in areas where you might be less skilled?                   |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Did your mentor stay engaged and invested in your development and in the relationship?                                                      |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Did your mentor exhibit integrity?                                                                                                          |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Did your mentor hold each of you to high standards?                                                                                         |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Did you establish a written agreement including goals to be met under the direction or guidance of your mentor?                             |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Were you satisfied with the mentor you selected?                                                                                            |

- 15.      Did the two of you determine at the beginning of the relationship, guidelines by which to evaluate the success of the relationship?
- 16.      Did you and your mentor complete the goals planned?
- 17.      Were you happy with the frequency of meetings?
- 18.      Were you happy with the style of mentoring in your relationship?
- 19.      Did the relationship meet your expectations?

---

**Part 2: Your personal statements about your mentor.**

Directions: Describe in the grey box using your own words, what ever length you may need to express your answers.

1. Your Partnership

- a. What are/were two of the most beneficial development activities you did/ do?
- b. What is the most beneficial change you identified in yourself as a result of your mentorship?

2. Personal Growth

- a. As the result of having a mentor, I've gained the following knowledge, skills, and/or attitude change:
- b. Other benefits I've received from this mentoring relationship:
- c. Something I plan to do or have done more of as the result of the relationship:

3. Our Relationship

- a. Ways, if any, this mentoring partnership could be more effective:
- b. Recommendations I'd make to other mentor-mentee pairs:
- c. General Comments on the mentoring initiative or partnership: